(BPD) ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 Page 13 AUGUST 1991 OMB NO.: 0938-Wisconsin State: \_\_\_\_ Groups Covered Agency\* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued)  $\sqrt{x}$  b. Reasonable classifications of individuals 42 CFR 435.222 described in (a) above, as follows: (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: (a) In foster homes (and are under the age of \_\_\_\_\_). (b) In private institutions (and are under the age of \_\_\_\_\_). (C) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_\_). Individuals in adoptions subsidized (2) in full or part by a public agency (who are under the age of \_\_\_\_\_). Individuals in NFs (who are under \_X\_ (3) the age of 21). NF services are provided under this plan.

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	Approval Date 12	<u>.                                    </u>	Effective Date	10/1/91
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(4)

\_X\_

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(b)(3), individuals in ICFs/MR (who

In addition to the group under

are under the age of 21).

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State: Wisconsin

Agency\* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

X (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. <u>91-0030</u> Supersedes TN No. <u>86-0031</u>

Approval Date 12-9-91

Effective Date \_\_10/1/91

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 14 OMB NO.: 0938-State: Wisconsin Agency\* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued)  $\sqrt{\times}$ 8. A child for whom there is in effect a 1902(a)(10) State adoption assistance agreement (A)(ii)(VIII) of the Act (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement-a. Was eligible for Medicaid under the State's approved Medicaid plan; or b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than

The State covers individuals under the age of--

the AFDC standards and methodologies.

 $\frac{X}{20}$  21 20 19

\_\_\_ 19

TN No. <u>91-0030</u> Supersedes TN No. <u>86-0031</u>

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	State: WISCONSIN		
Agency Citation(s)	Groups Covered		
	В.	Optional Groups Other Than the Medically Needy (continued)	
42 CFR 435.223 ⊠		9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under Title IV-A:	
1902(a)(10) (A)(ii) and 1905(a) of the Act		Individuals under the age of 21 20 19 18 18 X Caretaker relatives	
		Pregnant women	

As specified in 42 CFR 435.201 and 435.223, Wisconsin covers as categorically needy those individuals who are caretaker relatives of children under age 18 who meet the income and resource limits of Title IV-A, including those households where the child has been temporarily removed from the home by a court order and the child welfare agency has established a plan for family reunification. When the parent applies and is eligible on this basis, the children who have been removed by a court order will be considered members of the natural or adoptive parent's household and will not be considered members of any other household for Medicaid eligibility purposes, so long as the parent cooperates with the family reunification effort as defined by the child welfare agency.

TN No. 98-003 Supersedes TN No. 91-0030

OCT 2 3 1998 Approval Date

Effective Date 1-1-98 HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A Page 15 **AUGUST 1991** OMB NO.: 0938-Wisconsin State: \_\_\_\_ Agency\* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.230  $\sqrt{X}$  10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act. The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--Based on need and paid in cash on a regular a. basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. Available to all individuals in the State. c.

their income.

(1)

(2)

(3)

Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of

All aged individuals.

All blind individuals.

All disabled individuals.

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d.

X

\_X\_

X

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Agency\* Citation(s)

B. Optional Groups Other Than the Medically Needy (Continued)

X (4) Aged individuals in domiciliary facilities or other group living

42 CFR 435.230

- arrangements as defined under SSI.

  X (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- X (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- X (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- \_\_\_ (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. 01-0030 Supersedes TN No. 86-0031 Approval Date 12-9-91

Effective Date \_\_\_\_10/1/91

NCV1510H.	AUGUST 1991				Page 16a OMB NO.:	0938-
	State: _	Wis	consin			
Agency*	Citation(s)			Groups Cove	red	
		The subdi	ivisions acco Yes. No. standards for ents are list	aries in incording to co	ome standard st-of-living tate supplem	by political differences.
TN No. 91 Supersede TN No	s App	proval Da	te <u>12-9-</u> 0	<u>} </u>	Effective Da	te 10/1/91

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	State: _		Wisconsi	n	OMB NO.: 0938		38-
Agency*	Citation(s)			G 	roups Covered		
		В.	Optional (Continu	l Groups O	ther Than the M	Medically N	leedy
42 CFR 435.120 435.121 1902(a)(10)		_7	wit	tion 1902 thout agree the Act.	(f) States and ements under se	SSI criter ection 1616	or 1634
(A)(ii			a S opt tha	State supp: Lional Stat	g groups of inc lementary payme te supplementar ne following co	ent under a Ty payment	n approved
			a.	Based on r	need and paid i	in cash on	a regular
			b.	individual	the difference is countable insed to determinate.	ncome and	the income
			c.	Available classificabasis.	to all individ	luals in ea .able on a	ch Statewide
					ne or more of t luals listed be		ications
				(1) All	aged individua	als.	
				(2) All	blind individu	als.	
				(3) All	disabled indiv	iduals.	
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Revision:		-91-4 991	(BPD	))		ATTACHMENT 2.2-A Page 18 OMB NO.: 0938-
	State	:	Wiscon	sin		
Agency*	Citation	(s)			Groups Cove	ered
		В.	Option (Conti		ups Other Than	the Medically Needy
				(4)	facilities or	uals in domiciliary r other group living as defined under SSI.
				(5)	facilities or	duals in domiciliary r other group living as defined under SSI.
				(6)	facilities or	ividuals in domiciliary
				(7)	Individuals madministered	as defined under SSI. receiving federally optional State supplement ne conditions specified in 30.
				(8)	administered	receiving a State optional State supplement ne conditions specified in 30.
				(9)		in additional ons approved by the follows:
			·			
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	State:	Wisconsin	
Agency*	Citation(s)		Groups Covered
	В.	Optional Groups (Continued)	Other Than the Medically Needy
		political s	ent varies in income standard by ubdivisions according to ing differences.
		Yes	
		No	
		The standar payments ar <u>ATTACHMENT</u>	ds for optional State supplementary e listed in Supplement 6 of 2.6-A.
TN No. 91 Superseder	-0030 Approv	val Date 12-9-9	Effective Date 10/1/91
rn no			HCFA ID: 7983E